



OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM

DATE: October 24, 2007

**IMPORTANT ANNOUNCEMENT REGARDING
NEW PRESCRIPTION DRUG PLAN CO-PAYMENTS, STEP
THERAPY PROGRAM &
\$0 CO-PAYMENT PROGRAM**

The Labor/Management Committee is pleased to announce important health benefit changes in the Employee Medical Health Plan of Suffolk County (EMHP). In an ongoing effort to provide you with comprehensive and cost effective health benefits and recognizing the need to control the ever increasing cost of providing quality health care, effective October 29, 2007, there will be new prescription drug plan co-payments, which, among other things, **lower the generic drug co-payment from \$10.00 to \$5.00 for generic drugs purchased at a retail pharmacy and through mail order. In addition, it maintains the \$10.00 generic drug co-payment for prescriptions written for greater than a 21-day supply for maintenance drugs filled at a maintenance pharmacy.** The co-payments for preferred and non-preferred drugs will increase as illustrated below. These changes allow for the EMHP to offer lower co-payments for generic drugs while still offering an alternative for the higher cost of brand name drugs. The following table contains the new co-payments effective October 29, 2007:

NEW PRESCRIPTION DRUG PLAN CO-PAYMENTS
Effective October 29, 2007

Supply Dispensed	Generic ¹	Preferred ²	Non-Preferred ³
Retail Pharmacy (21 day supply or less)	\$5	\$15	\$30
ESI Mail Order/Home Delivery (1 day to 90 day supply)	\$5	\$20	\$55
Maintenance Pharmacy (greater than a 21 day supply filled for maintenance drugs)	\$10	\$30	\$60

Please review the EMHP Booklet for complete details about the plan requirements.

¹The EMHP still follows the mandatory generic substitution requirement. For generic drugs, you will pay the applicable co-payment.

²You will pay the applicable co-payments for preferred brand name drugs obtained where no generic equivalent exists. If a generic equivalent exists, you will pay the applicable co-payment for the preferred brand name drugs **PLUS** the difference in cost between the preferred brand name and the generic drugs.

³ If a generic equivalent exists, you will pay the applicable co-payment for the non-preferred brand name drugs **PLUS** the difference in cost between the non-preferred brand name and the generic drugs.

Go to ESI's website at www.express-scripts.com to get a complete list of Retail and Maintenance Pharmacies. You can also use this website to order medications through Home Delivery. Contact ESI at 1-800-467-2006 if you have any questions.

NEW - THERAPEUTIC EQUIVALENT PROGRAM (STEP THERAPY)

Effective November 15, 2007

What is Step Therapy?

Step Therapy is a program designed exclusively for people who have certain conditions such as, Acid Reflex/Heartburn, Arthritis, Asthma/Allergies, Depression, Eczema/Dermatitis, High Blood Pressure, High Cholesterol, Insomnia and other conditions that require medications to be taken regularly.

Step-Therapy medications are grouped into two categories:

- **Front-line drugs** – the first step – are generic drugs proven safe, effective and affordable. These drugs must be tried first because they can provide the same health benefit as more expensive drugs, but at a lower cost.
- **Back-up drugs** – the second and third step – are brand name drugs such as those you see advertised on TV. There are lower-cost brand name drugs (Step 2) and higher-cost brand name drugs (Step 3). The patient must try the Step 2 back-up drug before trying the Step-3 back-up drug.

Back-up drugs typically cost more than front-line drugs.

What Drugs are Part of the Step Therapy Program?

The Step Therapy Program applies **ONLY** to certain prescription drugs and conditions like allergies/asthma, depression, high blood pressure, high cholesterol, pain/inflammation, skin disorders, sleep disorders and ulcers/acid reflex and is subject to change.

Please note the front-line drugs and back-up drugs are continually updated as new products and generic drugs become available. Therefore, we recommend that you periodically check the Express Scripts website, www.express-scripts.com, for the most current information or you can contact Express Scripts directly at 1-800-467-2006.

Only your doctor can advise you about the drugs you take, so speak with your doctor about your medications. Give your doctor a copy of the attached *Step Therapy Drug List* and ask if the front-line drug is right for you.

Prescriptions for other medical conditions follow the rules and co-payments of EMHP's prescription drug plan.

To Whom Does Step Therapy Apply?

Step Therapy only affects **NEW** prescriptions or prescriptions that you have not filled in the previous 130 days. Using samples from the doctor does not count as taking a medication consistently.

If Step Therapy Applies to You, What Should You Do Now?

When your doctor prescribes a new medication for you, ask if a generic drug is right for you. It makes good sense to ask for these drugs first because, for most everyone, they work as well as brand-name drugs --- and they almost always cost less.

If you have already tried a front-line drug within the previous 130 days then your doctor can prescribe a back-up drug, but this will be at a higher cost to you. If your doctor decides a front-line drug is not medically appropriate for you, your doctor can request an override or "waiver" by calling Express Scripts at 1-800-417-8164 and completing the appropriate form.

Prior Authorization Override Process

If your doctor feels it is medically necessary for you to take the Back-up (Second Step) Drug without trying the Front-Line (First Step) Drug first, **your doctor** can call Express Scripts directly at 1-800-417-8164 to request a prior authorization override. Your doctor will be asked a series of questions concerning your condition. If the override is approved, you can fill the prescription for the Back-up Drug and pay the applicable co-payment.

Mandatory Generic/Non-Preferred Drug Waiver

You and your doctor can apply for a Mandatory Generic/Non-Preferred Drug Waiver to waive the non-preferred drug co-payment if the back-up drug is not a preferred medication. Please note, you would have had to try the generic drug (front-line drug) prior to applying for a waiver. If the waiver is approved, you will pay the applicable preferred co-payment. You can obtain the waiver form by downloading it from the Express Scripts website at www.express-scripts.com or by calling ESI at 800-467-2006.

How Can a List of Front-Line Drugs be Obtained?

Please note the front line drugs are continually updated as new products and generic drugs become available. Therefore, we recommend that you periodically check the Express Scripts website, www.express-scripts.com, for the most current information or you can contact Express Scripts directly at 1-800-467-2006.

Step Therapy helps you get an effective medication to treat your condition while keeping your costs as low as possible. The lowest-cost Step Therapy drugs also save money for your prescription-drug plan, and that helps ensure that your pharmacy benefit will be there for you and your family in the future.

\$0 CO-PAY PROGRAM **For a limited time only** Effective 11/15/07 – 5/14/08

If you are currently taking a targeted brand name drug the \$0 Co-Pay Program applies to you. For six months, beginning November 15, 2007, you can get certain generic prescription drugs for No (\$0) co-payment. This offer applies when you use a therapeutically equivalent, generic drug instead of the target brand-name drug, which Express Scripts' records show you are taking now. You will pay nothing for an appropriate generic between **November 15, 2007 and May 14, 2008**, for up to six fills*.

**Up to eight fills for a 21-day supply at a local participating pharmacy, or up to two fills for a 90-day supply through a local maintenance pharmacy or Express Scripts Home Delivery Program.*

After the six months, you will be responsible for the applicable co-payment for that particular drug.

If you qualify for this program, you will receive a communication directly from Express Scripts. **This is a voluntary program.**

Only you and your doctor can decide if a generic drug is right for you.



JEFFREY W. SZABO
Deputy County Executive & Chief of Staff

Distribution
One copy per employee
Attachments

SUFFOLK COUNTY EMHP
Step Therapy Drug List
(Effective 11/15/07)

Drug Class	Your prescription is for one of these Back-up Drugs (second step drugs)	Your program points you to one of these Front-Line Drugs (first step drugs)
Allergies	Allegra®/D®, Clarinex®/D®, Xyzal®, Zyrtec®/D®	fexofenadine
Allergies/Asthma	Accolate®, Singulair®, Zyflo®	*Category 1: flunisolide, fluticasone, Beconase®AQ, Flonase®, Nasacort®/AQ, Nasalide®, Nasarel®, Nasonex®, Rhinocort®/Aqua, Veramyst® *Category 2: fexofenadine, Allegra®/D®, Clarinex®/D®, Xyzal®, Zyrtec®/D®
Depression	Wellbutrin XL®	bupropion SR/XL
Depression	Celexa™, Lexapro™, Luvox®, Paxil®/CR, Pexeva™, Prozac®, Sarafem™, Zoloft®	citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
Depression	Cymbalta®, Effexor®/XR	citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine
High Blood Pressure	Accupril®, Accuretic™, Aceon®, Altace®, Capoten®, Capozide®, Lexxel®, Lotensin HCT®, Lotensin®, Lotrel®, Mavik®, Monopril® HCT, Monopril®, Prinivil®, Prinzide®, Tarka®, Uniretic®, Univasc®, Vaseretic®, Vasotec®, Zestoretic®, Zestril®	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, quinapril, quinapril/HCTZ, trandolapril, benazepril/amlodipine
High Blood Pressure	Atacand HCT®, Atacand®, Avalide®, Avapro®, Benicar™, Benicar™ HCT, Cozaar®, Diovan HCT®, Diovan®, Exforge®, Hyzaar®, Micardis®, Micardis® HCT, Teveten®, Teveten® HCT	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, quinapril, quinapril/HCTZ, trandolapril, benazepril/amlodipine
High Blood Pressure	Blocadren®, Cartrol®, Coreg/CR®, Corgard®, Corzide®, Inderal/LA®, Inderide®, InnoPran XL®, Kerlone®, Levatol®, Lopressor/HCT®, Normodyne®, Sectral®, Temolide®, Tenoretic®, Tenormin®, Toprol XL®, Trandate®, Visken®, Zebeta®, Ziac®	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol/ER, nadolol, pindolol, propranolol/LA, timolol, atenolol/chlorthalidone, bisoprolol/HCTZ, metoprolol/HCTZ, nadolol/bendroflumethiazide, propranolol/HCTZ
High Blood Pressure	Cardene®/SR, Dynacirc/CR®, Norvasc®, Sular®	amlodipine, amlodipine/benazepril, felodipine, isradipine, nicardipine, nifedipine/ER
High Blood Pressure	Adalat CC®, Calan/SR®, Covera-HS®, Isoptin/SR®, Plendil®, Procardia/XL®, Verelan®/PM	verapamil/SR
High Cholesterol	Advicor®, Altoprev™, Caduet®, Lescol/XL®, Mevacor®, Pravachol®, Zocor®	**Step-One: lovastatin, pravastatin, simvastatin **Step-Two: Crestor®, Vytorin®, Lipitor®
Pain/Inflammation	Anaprox/DS®, Ansaïd®, Arthrotec®, Cataflam®, Clinoril®, Daypro®, Feldene®, Indocin/SR®, Lodine/XL®, Meclomen®, Mobic®, Motrin®, Nalfon®, Naprelan®, Naprosyn®, Orudis®, Oruvail®, Ponstel®, Relafen®, Tolectin®, Toradol®, Voltaren/XR®	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Pain/Inflammation	Prevacid NapraPac®	omeprazole and naproxen
Pain/Inflammation	Celebrex®	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Skin Disorders	Elidel®, Protopic®	Aclovate, Aristocort, Cloderm, Cordran, Cutivate, Cyclocort, Diprolene/AF, Elocon, Florone/E, Halog/E, Kenalog, Locoid, Pandel, Psorcon E, Temovate, Topicort, Ultravate
Sleep Disorders	Ambien/CR®, Lunesta®, Rozerem®, Sonata®	zolpidem
Ulcers/Acid Reflux	Aciphex®, Prilosec®, Protonix®, Zegerid®	**Step-One: omeprazole **Step-Two: Nexium®, Prevacid®

* You must use a Front-Line Drug from Category 1 and Category 2, in either order, before using a Back-up Drug.

** You must use a Front-Line Drug from Step-One then from the Step-Two before using a Back-up Drug.

PLEASE NOTE: This drug list is subject to change so please visit the Express Scripts website at www.express-scripts.com for the most current list and program criteria.

Frequently Asked Questions – Prescription Drug Benefit

GENERAL QUESTIONS

Q – How do I use ESI's Mail Order to get my prescriptions?

A – Through the ESI website, set up a user account and sign in. You can automatically manage your prescriptions and switch any current prescriptions to mail order by simply checking the appropriate boxes when prompted. In addition, you may call ESI at 1-800-467-2006 to obtain a postage paid envelope to mail your prescription and applicable co-payment. Since it takes about 2 weeks to get your medication by mail, you should allow for enough time when ordering your prescription medication so as not to run out of medicine.

Q – How do I know if my pharmacy is a Maintenance Pharmacy?

A – Contact ESI directly at 1-800-467-2006 or visit their website at www.express-scripts.com to obtain a list of maintenance pharmacies.

Q – Is the pharmacy network changing as a result of these changes?

A – No, the pharmacy network is not changing. However, Rite-Aid recently joined the EMHP maintenance pharmacy network.

Q – What happens to my prescription drug coverage if I move off of Long Island?

A – Your prescription drug coverage does not change. However, you should contact ESI to obtain a list of maintenance pharmacies at your new location or you can use ESI's mail order service. Contact ESI directly at 1-800-467-2006.

Q – How often does the Preferred Medication (Formulary) List change?

A – The formulary list is updated once a year on January 1st. However, as new generic medications come out during the year, the affected brand name drugs will move to the Non-Preferred tier and you will pay the applicable non-preferred copayment. This can happen throughout the year.

Q – Why does my pharmacy automatically dispense a generic medication?

A – If your doctor does not write *Dispense as Written (DAW)* on the prescription, many states, including New York State, require that the pharmacy dispense the generically equivalent medication.

DRUG WAIVER

Q – How does the Mandatory Generic/Non-Preferred Drug Waiver process work?

A – If you tried a generic drug that did not work for you and it is therefore medically necessary for you to take a brand-name medication, you and your doctor may submit a Mandatory Generic/Non-Preferred Drug Waiver to ESI. If it is approved, you will pay the applicable co-payment for a Preferred medication and not have to pay the difference in cost between the generic and non-preferred drug.

Q – How do I obtain the Mandatory Generic/Non-Preferred Drug Waiver form?

A – You can download the form from the EMHP website at www.emhp.org or you can call ESI directly at 1-800-467-2006. You can also obtain the form from the Employee Benefits Unit at 631-853-4866

Q – How long will it take ESI to review my Mandatory Generic/Non-Preferred Waiver?

A – If your doctor faxes the completed waiver form directly to ESI at 1-800-357-9577, a response will be given in 48 – 72 hours.

NEW STEP THERAPY PROGRAM

Q - Are all brand-name drugs affected by Step Therapy?

A – No, only the target drugs for the disease states listed on the Step Therapy Drug List are affected.

Q – Will the list of targeted drugs on the Step Therapy list change?

A – Yes, as new brand-name drugs come out on the market for the disease states affected by Step Therapy, they will be placed on the Step Therapy List.

Q – If I am taking a brand-name drug affected by Step Therapy and I switch to a different maintenance pharmacy, will I have to go through Step Therapy again for this particular brand-name drug?

A – No, You may switch pharmacies at any time and not be impacted by the Step Therapy Program as long as you filled your medication in the previous 130 days.

Q – I was just diagnosed with high blood pressure and my doctor gave me a prescription for Norvasc but the pharmacy would not fill it. Why?

A – Norvasc is a Back-up (Second Step) Drug subject to the rules of the Step Therapy Program. Since this is a new medication for you, a Front-line (First Step) Drug may work for you. Contact your doctor to see if the generic drug is appropriate for you.

Q – What if my doctor feels it is medically necessary for me to take the Back-up (Second Step) Drug without trying the Front-Line (First Step) Drug first?

A – Your doctor can call ESI directly at 1-800-417-8164 to request a drug override. Your doctor will be asked a series of questions concerning your condition. If the override is approved, you can fill the prescription for the Back-up Drug and pay the applicable co-payment.

Q – If I am granted the override, then what is the applicable co-payment?

A - If the drug for which the physician requested an override is on the preferred medication list, you will pay the preferred brand co-payment. If the drug for which the physician requested an override is not on the preferred medication list, you will pay the nonpreferred brand co-payment.